



Bureau of Alcoholic Beverages
Division of Liquor Licensing & Enforcement
164 State House Station
Augusta, ME 04330-0164
Tel: (207) 624-7220 Fax: (207) 387-3424

ON PREMISE TRANSFER APPLICATION

The undersigned, who is the holder on an On Premise Liquor License under the provisions of Title 28-A MRSA Section 605 hereby respectfully requests that said license be transferred from his present location:

TO: _____
Street Address

Street Address

Both premises being within the same municipality of:

City/Town

Has the premises for which the transfer is requested been licensed by the Department of Human Services?

Yes ☐ No ☐

How many feet to the nearest school, school dormitory, church, chapel or parish house? _____

Which of the above is nearest? _____

Permanent License #: _____ Expiration Date: _____

Name of Business: _____

Contact Person: _____ Requested Transfer Date: _____

Telephone Number: _____ FAX Number: _____

Dated at: _____ On _____, 20____
City/Town, State Date

Signature of Individual(s), or Duly Authorized Officer(s) of
Corporation, or if Partnership, by Members of Partnership

STATE OF MAINE

Dated at: _____, Maine _____ ss
City /Town County

On: _____

The undersigned being: Municipal Officers ☐ County Commissioners ☐ of the

City ☐ Town ☐ Unincorporated Place ☐ of: _____

